1212829

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

02068405

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D; SECTION 4(6), AND/OR

and the state of the
OMB APPROVAL
MB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
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Serial

SEC USE ONLY

Prefix

UNIFORM LIMITED OFFERING EXEMPTION DATE RECEIVED						
Name of Offering (check if this is an amend SNCR Corporation - Offering of Common St		as changed, and in	ndicate change.)		of Transactions of Across Parks processed	
Filing Under (Check box(es) that apply): Type of Filing: [x] New Filing [] Amendment	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[x] <u>Rule 506</u>	[] Section 4(6)	[] ULOE	
THE REPORT OF THE PARTY OF THE	A. BASIC ID	ENTIFICATION D	ATA	end a de la commissa de contraction de la contra		
1. Enter the information requested about the			indicate above (
Name of Issuer ([] check if this is an amen SNCR Corporation	ioment and name	nas changed, and	indicate change.)			
Address of Executive Offices (Number and 375 Clarendon Street #409, Boston, MA 02116		Zip Code)	Telephone (617) 946-49	Number (Including Are	ea Code)	
Address of Principal Business Operations (Notified in the Indicate of Indicate	Number and Stree	t, City, State, Zip C	Code) Telephone N	Number (Including Are	a Code)	
Brief Description of Business:						

Development and manufacturing of artificial stone and products utilizing artificial stone PROCESSED Type of Business Organization x] corporation [] limited partnership, already formed] other (please specify): JAN 0 6 2003 1 business trust [] limited partnership, to be formed THOMSON Month Year **FINANCIAL** Actual or Estimated Date of Incorporation or Organization: [12] [02] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D] [E]

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange of the control Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: [] Promoter [x] Beneficial Owner [x] Executive Officer [x] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Eisenberg, Andrew L. Business or Residence Address (Number and Street, City, State, Zip Code) c/o SNCR Corporation, 75 Clarendon Street #409, Boston, MA 02116 Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Bernon, Alan Business or Residence Address (Number and Street, City, State, Zip Code) c/o SNCR Corporation, 75 Clarendon Street #409, Boston, MA 02116 Check Box(es) that Apply: [] Promoter [x] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Bridger, David Business or Residence Address (Number and Street, City, State, Zip Code) c/o SNCR Corporation, 75 Clarendon Street #409, Boston, MA 02116 Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer [] Director [] General and/or

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partner

				В.	INFORMA	TION ABO	OUT OFFE	RING				
Answei	r also in Ap	pendix, C	oes the issu	filing unde	r ULOE.						Yes []	No [x]
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit?							Yes	No				
4. Ente any cor the offe SEC ar are assonly.	or the information of the inform	mation requers or similar reperson to be a state or sersons of s	uested for emuneration e listed is a states, list t uch a broke	each person for solici an associa he name c er or deale	on who has itation of pi ted person of the broke	been or wurchasers or agent of agent of the contract of the co	vill be paid in connecti of a broker r. If more th	or given, d on with sal or dealer r nan five (5)	les of secu egistered v persons t	irities in with the o be listed	[x]	[]
			if individua	A MARINE TO THE SECOND PROPERTY.			****					
Busine	ss or Resid	dence Add	ress (Num	ber and St	reet, City,	State, Zip (Code)	A was been a set in the			, , , , , , , , , , , , , , , , , , , 	
Name o	of Associat	ed Broker	or Dealer									
			ed Has Sol individual			olicit Purch	nasers				[] All State	es
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [Mi] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last n	ame first,	if individua	l)								
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Name o	of Associat	ed Broker	or Dealer			na consider our factors for formation to					-	
			ed Has Sol	icited or in	tanda ta S	olioit Durah						
			individual			olicit Purci	iasers				[] All State	es:
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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Busines	ss or Resid	lence Addı	ress (Numt	per and Sti	eet, City, S	State, Zip (Code)					
Name o	of Associat	ed Broker	or Dealer		TOTAL STATE OF THE	Marie Milan (1 100) or Milanto (10) consequent	error en	A PERSONAL PROPERTY OF THE PRO				A. P. Warman and Co.
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROC	CEEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " an indicate in the columns below the amounts of the securities offered for exchange and already exchanged	d	
Type of Security Debt	Aggregate Offering Price \$_ \$_250,000 \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_ \$_	Amount Already Sold \$
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases or the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors	Number Investors 2	Aggregate Dollar Amount of Purchases \$ 250,000 \$
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Type of Security	Dollar Amount Sold
Rule 505 Regulation A Rule 504 Total		\$ \$ \$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total		[] \$

<u>\$ 245,000</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers. Directors, & Payments To Affiliates Others Salaries and fees []\$ []\$ Purchase of real estate []\$ Purchase, rental or leasing and installation of machinery __ []\$_ []\$___ and equipment Construction or leasing of plant buildings and facilities...... []\$_____[]\$____ Acquisition of other businesses (including the value of securities involved in this offering that may be used in []\$_____[]\$____ exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness []\$_ Working capital Other (specify):_ []\$_ []\$_ Column Totals [x] \$ 245,000 Total Payments Listed (column totals added) 245,000 D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signatue SNCR Corporation 12-30-2002 Name of Signer (Print or Type) Title of Signer (Print or Type)

ATTENTION
ATTENHOL
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

President

Andrew L. Eisenberg